

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee LAKE AREA VOTERS ASSOC. INC 6551 canal blvd new orleans, LA 70124 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">11/3/2014</div>	Report Number: 44082 Date Filed: 11/3/2014									
	3. Estimated Membership <div style="text-align: center;">0</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>PAUL F. SENS</td> <td>Chairperson</td> <td>6551 Canal Blvd new orleans, LA 70124</td> </tr> <tr> <td>PATRICK T.G. G SENS</td> <td>Treasurer</td> <td>7009 general haig st. new orleans, LA</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	PAUL F. SENS	Chairperson	6551 Canal Blvd new orleans, LA 70124	PATRICK T.G. G SENS	Treasurer	7009 general haig st. new orleans, LA
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
PAUL F. SENS	Chairperson	6551 Canal Blvd new orleans, LA 70124									
PATRICK T.G. G SENS	Treasurer	7009 general haig st. new orleans, LA									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> <th style="text-align: left; width: 33%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"></td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px; vertical-align: bottom;">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
<u>a. Name</u>	<u>b. Address</u>										
On attached sheet											
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate <div style="height: 60px;"></div>	c. Office Sought by the Candidate <div style="height: 60px;"></div>										
9. a. Name of Person Preparing Report PAUL F SENS b. Daytime Telephone 5047208683											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>3rd</u> day of <u>November</u> , <u>2014</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>Paul F. Sens</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> <u>850-362-8535</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top; padding: 10px;"> <u>Patrick T.G. Sens</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top; padding: 10px;"> <div style="border-top: 1px solid black; width: 100%;"></div> Daytime Telephone </td> </tr> </table>			<u>Paul F. Sens</u> Signature of Committee/Chairperson	<u>850-362-8535</u> Daytime Telephone	<u>Patrick T.G. Sens</u> Signature of Committee Treasurer, if any	<div style="border-top: 1px solid black; width: 100%;"></div> Daytime Telephone					
<u>Paul F. Sens</u> Signature of Committee/Chairperson	<u>850-362-8535</u> Daytime Telephone										
<u>Patrick T.G. Sens</u> Signature of Committee Treasurer, if any	<div style="border-top: 1px solid black; width: 100%;"></div> Daytime Telephone										

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

GULF COAST BANK & TRUST
COMPANY

b. Address

848 harrison ave.
new orleans, LA